

Infant/Toddler Info Sheet

By providing complete information on this form, you will help your child's teachers to know and care for your child and create a positive experience while s/he is in our care.

Licensing requires us to update information every three months for children under 2. Thank you!

Child's Name _____ Birthdate _____ Room _____

Parent's/Guardian's Name _____

Parent's/Guardian's Name _____

EATING

Current feeding schedule _____ Length of time on this schedule _____

Types of foods: breast milk formula milk (type) _____ strained junior table

How has child been fed: held in lap high chair chair at table

Child feeds self: no yes: hands spoon fork

How does your child take milk/liquids: nurse bottle sippy cup open cup

If your child nurses, have they had a bottle: no yes If yes, how often _____

Special feeding concerns: no yes (describe)

Can your child have filtered tap water: yes no **If not, you will need to provide bottled water.**

Food allergies: no yes (describe)

Does your child have any allergies other than to foods: no yes (describe allergy and symptoms)

NAPPING/SLEEP

Does your child take a nap: yes no

How do you nap your child at home: _____

What is their normal length of sleep: _____

Indicate times: _____

What objects do they like to sleep with (blanket, soft toy): (for over 1 year only) _____

Is your child a light sleeper heavy sleeper restless sleeper falls asleep easily

Mood upon awakening: _____

Does your child use a pacifier for nap: no yes If yes, brand _____

For children 1 year or younger:

What is position while napping:

back (recommended for children under 1 year

side, stomach (neither recommended) If this box is checked, we need a signed statement from the doctor indicating they recommend the child to be put to sleep on their stomach or side and the parent must initial and date, indicating that they understand that one of the most important things they can do to help reduce the risk of SIDS is to put their child to sleep on their back.

Date _____ Parent/Guardian initial _____

DIAPERING/POTTYING

Does your child use:

Diapers: no yes (disposable cloth) Ointment: yes no Diaper wipes: yes no

Does your child have a sensitivity to certain brands of diapers/wipes: _____

Is your child in the beginning stages of toilet learning: yes no

Which does your child use at home: potty chair toilet

Is your child: trained for urine trained for bowels Do they wear a diaper at nap only

Parents must provide the daily needed supply of diapers/wipes and extra clothing for each child.

LANGUAGE

Family speaks what language: English Other If Other, specify: _____

Does your child understand English when spoken to: yes no

Child speaks in: vocalizations (babbling, combined vowel sounds) words sentences

Age child began talking: _____

PHYSICAL DEVELOPMENT

Is your child able to (check all that apply):

get into a sitting position independently pull themselves up crawl walk holding on

walk without support run do stairs

FAMILY CONSTELLATION

With whom does your child reside: (Please list everyone who lives with your child and their relationship to the child, and pets you might have.)

Have there been any major changes in the family constellation; any crisis in your family, such as medical problems, divorce, etc. which may have affected your child:

SPECIAL CONCERNS

Do you have any concerns regarding your child's development: _____

BEHAVIORS

Does your child have any particular fears, such as loud noises or certain animals? Please describe:

When your child is upset, how do you comfort them: _____

What are your usual methods of behavior guidance: _____

Does your child have any particular security object: pacifier/nuk special blanket stuffed animal

What is your child's typical reaction to:

	Accepting	Hesitant	Happy	Fearful
Men				
Women				
Strangers				
Other children				

OTHER INFO

What are some of your child's favorite activities, interests and toys:

Is your child used to playmates: yes no

Have they been in group child care before: yes no

Anything else you would like us to know? Please use an additional sheet, if necessary.

Parent/Guardian Signature _____ Date _____

Licensing requires that information be updated every 3 months for children under 2 years of age.

Please review and update, then date/initial in next available spot below.

Date _____ **/Initial** _____ **Date** _____ **/Initial** _____ **Date** _____ **/Initial** _____